

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 9
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Darius Sorbi

Mailing Address 9 Sturbridge Ln

City State Zip Code
 Dix Hills NY 11746-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Private Practice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 201506041052-17

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Amit K. Srivastava

Mailing Address 9 Lake Ridge Ct

City State Zip Code
 Burr Ridge IL 60527-5979

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 201506041052-18

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael W. Stavinoha

Mailing Address 1631 North Loop W
 Ste 655

City State Zip Code
 Houston TX 77008-1599

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Gastroenterologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 201506041052-9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00